

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 69/659,632		FILING DATE 09-11-00		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2	1						52				
3	1						53				
4	1						54				
5	1						55				
6	1						56				
7	1						57				
8	1						58				
9	1						59				
10	1						60				
11		6					61				
12		6					62				
13		6					63				
14		6					64				
15		6					65				
16		6					66				
17		6					67				
18		6					68				
19		6					69				
20		6					70				
21		6					71				
22		6					72				
23		6					73				
24		6					74				
25		6					75				
26		1					76				
27		1					77				
28		1					78				
29		10					79				
30		10					80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	10						TOTAL IND.				
TOTAL DEP.	112						TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				